GLOBAL PROGRAMME ON AIDS

SOCIAL AND BEHAVIOURAL RESEARCH UNIT

RESEARCH PACKAGE: *PARTNER RELATIONS* AND RISK OF HIV INFECTION

PHASE 1

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GLOBAL
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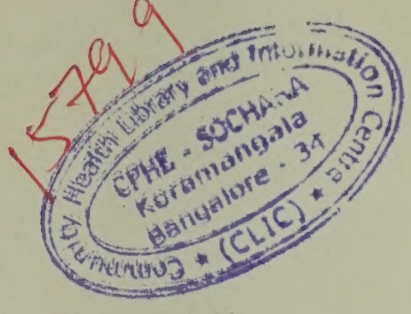

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PREFACE

INFORMATION ON SOCIAL and behavioural factors influencing individuals' exposure to HIV and AIDS is indispensible to the planning, on-going refinement and assessment of prevention and control strategies. This research package has been prepared by the Global Programme on AIDS of the World Health Organization in order to assist researchers in generating the type of data that can be used in that planning process.

The package includes guidelines on sampling and setting up studies; a model questionnaire; an interviewers manual; and guidelines on tabulation of data. It has been prepared in order to permit researchers to follow a standardized approach to this type of research and, in so doing, generate information that will be comparable between countries. A further aim is to provide the basis on which researchers can begin to network among themselves and collaborate around given topics of enquiry related to HIV and AIDS.

This research material is part of a series of research packages prepared by the Social and Behavioural Research Unit of the Global Programme on AIDS. Further information on the overall research programme of this unit and on other complementary research packages can be had from the Social and Behavioural Research Unit, Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

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PART I: Introduction

1. BACKGROUND

THE STUDY DESIGN and questionnaire on partner relations have been designed and developed as part of a project to survey patterns of sexual behaviour in different populations around the world. They are meant to be prototype instruments that can be translated and adapted according to the needs of different national situations, interests, and possibilities for research.

Both the study design and questionnaire were developed in collaboration with a number of behavioural scientists working in the field of sexual behaviour and reproductive health.* This involved their pretesting in a number of countries in different regions of the world, and their review by independent researchers with expertise in survey research methods.

In 1988, research teams from 17 countries representing East, Southern, West and Central Africa met in Addis Ababa, Ethiopia and Dakar, Senegal to assess how the questionnaire should be adapted to as broad a range of social situations in Africa as possible. The final questionnaire reflects those discussions and decisions. The study design and questionnaire are complemented by two additional documents that deal with interviewer instructions and a proposed plan for data analysis.

The work represented by these documents constitutes Phase I of the research programme on partner relations. Phase I of the programme is primarily oriented to survey research needs in the Africa Region. Researchers in other regions have been involved in similar processes of adaptation of the core instruments to their needs. The resulting research documents are referred to as Phase II, Phase III and Phase IV models respectively.

* See Acknowledgements p.vi.

2. PURPOSE

SEXUAL CONTACT HAS been shown to be the most common mode of transmission of HIV in some, though not all, countries. Sero-epidemiological studies to date suggest that the following characteristics, among others, play a role in determining the risk of heterosexual transmission: (a) choice of sexual partners; (b) number of sexual partners; (c) the use of latex condoms; (d) the presence of other sexually transmitted diseases; (e) the type of sexual intercourse.

The central purpose of this interview schedule is to develop a body of country and region-specific information concerning patterns of sexual behaviour and the factors associated with them. This information will enhance our understanding of epidemiologic findings and be useful in the formulation and, over time, the evaluation of AIDS prevention programmes by measuring the heterosexual risk factors among the general adult population.

The design of the model questionnaires (one for men and a similar one for women) is intended for all national settings with appropriate adaptation. Collaborating research groups using this questionnaire are expected to adhere to the proposed study design and protocol, unless there are strong reasons for not doing so. In this way a secondary goal of the research programme, namely, cross-cultural comparability of results, will be possible. Though such cross-cultural comparability may not serve the immediate and direct information needs of national AIDS/HIV prevention programmes, the ability to measure sexual behaviour in a comparable manner among many different cultures and to monitor changes over time is expected to bring great gains in our understanding of human sexuality in relation to HIV infection. It will also permit, where appropriate, regional initiatives to be developed.

The need for a common content and methodology, however, does not imply that the research strategy is inflexible or insensitive to local priorities and circumstances. Approaches to surveys of this kind are likely to change in the light of new insights provided by the first surveys and according to new knowledge derived through other methodologies.

It is important to note, too, that in the case of this survey all participating centres will be encouraged to undertake in-depth studies using alternative methods of data collection and analysis. The information so generated on subsamples of the survey populations will be used to enhance the explanation and understanding of broad behaviour patterns described by the surveys.

The questionnaire attached to this document is proposed as a core instrument. Collaborating research groups are encouraged not only to translate and adapt this questionnaire, but also to add new questions according to locally perceived needs and interests. To this end, three optional sections have already been introduced to the questionnaire; these concern drug use, specific sexual practices and injection practices.

3. CONTENT OF THE CORE QUESTIONNAIRE

THE CORE QUESTIONNAIRE consists of two parts: (a) a household or dwelling identification part and, (b) an individual respondent characteristics part for men and women aged 15 to 49 years. The main purpose of the household forms is to identify individuals who are eligible for the detailed interview; these will not be processed except for summary indicators of household size.

The individual respondent characteristics part is made up of eleven sections. These are expected to take about 45 minutes to complete. The topics covered in the questionnaire deal with the following themes:

Background characteristics (Sections 2 and 11)

These include features about the community of residence such as service facilities and the proximity of the community to other urban centres. They also include details about the respondent including such characteristics as education, employment, mobility and religion. A number of variables have been included in order to permit an analysis of patterns of sexual behaviour within the broader social context in which they occur. Other variables have been included because of their possible influence on, and association with behaviour; these include such items as religion and religiosity, and mobility and temporary migration.

Media exposure (Section 2)

A number of mass media related variables have been included because of their potential role in helping influence patterns of sexual behaviour and also because in many countries HIV/AIDS control and prevention strategies will depend, in great part, on mass media initiatives. Three specific items of information are proposed: frequency of newspaper readership, listening to the radio and T.V. viewing.

Marriage and parenthood (Section 3)

An essential starting point in any investigation of sexual behaviour is to enquire about marriage or the existence of a stable sexual partner. The key items of information to be collected by the survey concern current status and type of relationship (whether co-habiting and monogamous); length of current marriage/partnership; age at first 'marriage') total number of partners; date of most recent child-birth and total number of living children.

Contraceptive knowledge and use, with particular reference to condoms (Sections 4, 6 and 7)

Knowledge of, and propensity to use, condoms is best interpreted within the broader context of family planning. Accordingly, knowledge and use of all major methods of contraception is measured together with more detailed information about condom use. Condom use is studied with regard to: commercial sex over the previous twelve months; sex with spouse or regular partner in the last four weeks; sex with casual partners in the last four weeks. In each case regularity of

condom use is asked about. Because the promotion of condom use is often hindered by adverse opinions about condoms, a series of questions is included on perceived attributes of the condom and condom use.

Heterosexual behaviour (Sections 5, 6 and 7)

Heterosexual behaviour is the topic of central interest to the survey. Although the range of information ideally required is wide, in practice the amount of data that can be collected on this subject is often limited by respondent fatigue, recall ability, and in particular, culturally defined reticence to talking about personal sexual behaviour.

The approach adopted by this survey is to enquire about sexual behaviour in three different, albeit interrelated ways: namely, first sexual experience; behaviour over the previous 12 months; and behaviour in the last four weeks.

The circumstances surrounding the first sexual experience are thought to be of particular importance in determining subsequent sexual 'career.' The main items of interest here are: age at first intercourse; prior familiarity with the first partner; and whether that first partner was, or became, the spouse or regular partner.

The collection of certain data for the twelve-month reference period (Section 6) is considered necessary for two reasons; first there may be, in some countries, seasonal variations in behaviour which may be related to patterns of temporary migration or other social factors. Total reliance on a shorter retrospective span of time might fail to give a comprehensive picture. Secondly, some forms of high risk sexual behaviour, in particular those related to commercial sex, may be sufficiently uncommon that they would be missed if questions were constrained to a short period of time. The main variables proposed for the twelve-month reference period are: number of casual partners; opinion on whether spouse has had casual partners; and relative frequency of paid sex.

More detailed information is collected for a four-week reference period because it is expected that recall will be less of a problem (see Section 7). In addition to number of casual partners, information is sought on: frequency of sexual intercourse (both with spouse and with casual partners); marital status of casual partners; and on whether partners are perceived to be sexually active with others.

Sexually Transmitted Diseases (Section 8)

The presence of other sexually transmitted diseases may increase the risk of sexual transmission of HIV. Prompt recognition and treatment of STD's may retard the spread of HIV. Thus, a series of questions is included on: the incidence of STD symptoms in the previous twelve months; frequency of medical treatment; knowledge of preventive practices.

Sexual ideology (Section 9)

Because beliefs and attitudes about sexuality and sexual behaviour are important in understanding reported behaviour, a number of questions on this topic have been included. They refer primarily to attitudes about pre-and extra-marital practices.

Knowledge, attitudes and beliefs about AIDS/HIV (Section 10)

This topic is the subject of a separate survey but a selected number of key questions from that survey are included in the core questionnaire on Partner Relations. These include knowledge about HIV and its modes of transmission; perceived risk of becoming infected; belief that HIV can be prevented by behavioural change, and the nature of the changes either already made or intended.

4. Optional Sections

In order to expand on the core questionnaire, but bearing in mind potential difficulties in dealing with certain issues, as well as their relevance to different cultural situations, three additional sections have been prepared. These are for optional use, that is to say, at the discretion of the principle investigator in each survey site. The optional sections deal with drug use, specific sexual practices, and injection practices.

The section on drug use is proposed because of the hypothesis that drug use may be associated with risk taking and diminished responsibility with regard to risk reduction.

Questions on specific sexual practices such as anal sex are included because of their noted association with risk of HIV transmission.

The section on injection practices is proposed because of the possible association between HIV infection and injecting where shared unsterilized needles are used and because, in many parts of the world, injections for medical reasons are preferred over the oral route, and are often given outside of the formal health care system.

It is anticipated that most principal investigators will choose to include these optional sections as well as others that they may deem necessary for local interest.

PART II: Study Design

1. PREFACE

IT IS GENERALLY agreed that until a vaccine or therapy for AIDS is developed, the only effective tools available to combat the spread of the AIDS virus, HIV, will be prevention through the modification or reinforcement of behaviour in ways that reduce the risk of acquiring or transmitting the virus. The success of prevention strategies will depend, first, on the identification and description of risk behaviours and, second, on the identification of the factors that determine these behaviours.

HIV is spread through sexual contact; through transfer of infected blood; and from mother-to-child. The efficacy of these modes varies considerably and according to other health conditions, but the sexual transmission of HIV is thought to be responsible for the major spread of HIV.

Prevention strategies and initiatives aimed at the general population currently face the problem that little is known in most societies about patterns of sexual practices and their determinants. Yet it is precisely information of this kind that is required if these strategies are to be relevant to the situations and behaviours at issue. Preventive education is only fully effective when it is directed at specific audiences with targeted messages based on a practical understanding of the relevant behaviour.

The research outlined in this document responds to the need for information on sexual behaviour as a basis for the formulation of short and long-term strategies to reduce the risk of sexual transmission of HIV.

2. CONCEPTUAL FRAMEWORK

WHILE THE HUMAN sexual drive is universal and largely biological in origin, its expression is heavily influenced by social learning. All societies have evolved complex systems of values, beliefs and sanctions which regulate the sexual behaviour of individuals, both before and after the establishment of a stable sexual union or marriage. These systems differ between societies and social groups; they also change over time. In general, it is probably true to say that patterns of sexual behaviour* are likely to be influenced by:

1. *Socio-cultural setting,* i.e. the structure and organization of major social institutions (economy, kinship, marriage, religion, etc.) and the dominant norms and values.
2. *Sexual ideology.* i.e. beliefs and attitudes about sexuality and sexual behaviour. These ideologies not only differ between social groups of the population but also vary according to the personal situation of the individual (e.g. men versus women, single versus married, children versus older people, heterosexuals versus homosexuals).
3. *Personal risk orientation,* i.e. (a) the perceived risk of particular behaviours; and (b) a general predisposition to (or not to) engage in behaviour believed to have some probability of an undesirable physical or social result. Risk orientation can determine the degree to which an individual is willing to engage in particular sexual acts such as unprotected intercourse with a stranger even when these are known to carry some elevated chance of an adverse health outcome.
4. *Opportunity* is a determinant of most sexual behaviour. Opportunity (especially for non-marital sexual activity) can be a reflection of the socio-cultural setting, local norms and traditions, and may vary from one locality to another within a society, as well as from one social group to another, etc.

Because so little is currently known about variations in human sexual behaviour and its determinants much theoretical specification is precluded at this time. The research proposed here, moreover, does not aspire to expose hypotheses concerning sexual behaviour to any detailed examination. At this stage the research is essentially seen as descriptive and is primarily designed to assist in the immediate tasks both of formulating intervention strategies and of monitoring changes. Clearly it will also contribute to the longer term goal of understanding the determinants of sexual behaviour in a way that will highlight additional possibilities for in-depth, more explanatory research.

* Sexual behaviour, in its broadest sense, covers a wide spectrum of activities; it ranges from friendship to heterosexual and/or homosexual relationships and intercourse. It subsumes contraceptive practices, particularly the use of condoms.

3. Objectives

The overall objective of the proposed research is to provide descriptive information about patterns of sexual behaviour and their determinants in the general population so as to facilitate the development, implementation and assessment of HIV prevention policies and programmes.

The specific objectives are to:

a. describe prevailing patterns of sexual behaviour in terms of the nature of relationships, numbers of partners and the risk of exposure to HIV infection in the general population;

b. describe current patterns of sexual behaviour in terms of knowledge about, attitudes to, and the use of HIV prevention methods, particularly condoms;

c. measure beliefs, attitudes and individual decision-making concerning sexual behaviour (sexual ideology) and their relationship to reported behaviour;

d. specify the practical implications of research findings for the direction, improvement and evaluation of strategies to reduce the risk of sexual transmission of HIV.

4. RESEARCH DESIGN

4.1 Integration of research methods

IN ORDER TO achieve detailed descriptions of sexual behaviour and associated beliefs and attitudes, the most efficient research method is the structured interview survey based on representative samples. The survey approach is therefore proposed here as the first step in developing a descriptive data base on patterns of sexual behaviour. There are many advantages to surveys that use structured interviews; among these are the ability to standardize approaches taken in different settings and to provide information that is comparable from one study site to another. Much of this document is concerned with an elaboration of the steps that should be taken in developing population based surveys.

Because of the highly private nature of sexual behaviour and the traditional and cultural factors that often constrain self-reporting in this area, however, a total reliance on survey data is not recommended. There will be a need for other approaches complementary to population based surveys. Thus, it is proposed that in addition to the survey approach there also be in-depth studies on subsamples of the same survey populations.

Non-survey methods of investigation such as observation, ethnographic interviews, unstructured interviews with representative or key informants, life histories, or group discussions, will need to be considered. They, in turn, may often need to be complemented by analyses of secondary sources relevant to patterns of sexual behaviour. Such sources include demographic surveys, health statistics, vital statistics and censuses. (A list of demographic indicators is provided in Annex 1.).

The use of complementary research approaches opens up opportunities for a wide range of research designs. Perhaps the most rewarding and challenging approach is to link, wherever possible, the large scale structured survey approach with smaller, more intensive investigations in a way that permits cross-validation as well as in-depth analysis.

4.2 Problems of data validity

Data validity represents a serious problem in survey research. Self-reported data on sexual behaviour can suffer from: refusal to answer questions; deliberate underreporting or total concealment of certain behaviours; overreporting; and inaccurate responses due to recall lapse, incomprehension or faulty time references.

Although these errors cannot be altogether eliminated, they can be minimized by a number of methodological precautions. These include:

- strict guarantees of confidentiality and the conduct of interviews in private
- careful piloting and pretesting of instruments to derive an easily comprehensible vocabulary and to remove threatening questions
- avoidance of excessively long recall periods
- use of well trained investigators/interviewers who can establish good rapport and a permissive atmosphere

Beyond these precautions, the research design in each country should include, where feasible, systematic attempts to assess the validity of data. The use of different research approaches/methods in the same study populations, as described above, will strengthen the possibility of assessing the validity and reliability of the data. In addition, however, the following methods should also be considered.

a. *comparison of self-reported survey data with clinic and/or other data:* it will sometimes be possible to validate survey data by cross-checking with information from other reliable sources (e.g. clinic data on STD). Alternatively, a sample may be 'seeded' with individuals whose sexual behaviour is already known about from some other sources.

b. *comparison of main survey data and results from intensive sub-sample interviewing:* this method of partial validation assumes that intensive or in-depth interviewing will yield more valid data than obtained from large scale surveys.

c. *test retest reliability:* the reinterviewing of sub-samples of individuals using identical instruments on both occasions provides an important measure of consistency or reliability. A high level of consistent reporting, however, does not guarantee validity even though it is reassuring. Low levels of reliability imply low validity.

d. *comparison of husband and wife responses:* on a limited sub-set of variables (e.g. marital coital frequency in the last four weeks) this comparison can provide measures of reliability.

e. *tests of plausibility:* critical assessment of results against *a priori* expectations can also provide a crude indication of validity. For instance, declines in marital coital frequency with increasing duration of marriage are probably universal; if absent in a particular study, they provide grounds for concern about data validity. Similarly, resort to prostitutes is bound to be higher in large cities than in rural areas and failure of a survey to confirm this expectation would cast doubt on the quality of data. Such critical assessments should always accompany data analysis and interpretation.

4.3 Relationship with serological surveys

Social and behavioural research on sexual behaviour will be strengthened wherever the results can be linked to data on HIV and other STD infection. These linkages can take many forms including: (a) total integration the collection of behavioural and serological data from the same sample; (b) collection of behavioural data from a sub-sample of a prior serological survey, using a case-control methodology; (c) selection of known high and low HIV prevalence communities for intensive study.

Wherever possible the design of behavioural research in any setting should take into account the results of seroprevalence surveys results, for example, in defining groups that are known to have high or low seroprevalence rates.

4.4 The design and conduct of the sample survey

Introduction

The prototype or model questionnaires (one for women and one for men) on sexual behaviour which have been developed and pretested are applicable to both the general population, to married and single persons and to special groups such as students or the military whose behaviour is not too dissimilar. It would not be the case, however, for behaviourally unique groups such as prostitutes. The following methodological discussion is therefore restricted to the case of general population surveys rather than to that of special groups, though many of the points may be relevant to both.

4.4.1 Resources

It is a common misperception that adherence to high scientific standards of survey research necessarily implies greater financial cost and time. Indeed the reverse may sometimes be true; a carefully designed and pre-tested questionnaire will usually save both time and money by simplifying the task of interviewers and by reducing the risk of errors. Similarly, a sound sample design will increase the statistical precision of results at no extra cost. Proper training of interviewers (unless they are already very experienced), pretesting of questionnaires and supervision of fieldwork and data processing are always essential and will further reduce the likelihood of error while increasing the overall efficiency of the activity.

If resources are insufficient to incorporate these basic features, then it may be prudent not to conduct a survey at all. Above minimum standards, however, competition between cost and quality often arises.

This cannot be resolved by principle; it requires judgement based on a knowledge of budget and time constraints and on a grasp of the potential dangers of reduced standards.

4.4.2 Standards

Maintaining high standards in survey implementation is fundamental to achieving the major aims of the research, namely generalizability and the cross cultural comparability of survey findings on sexual behaviour. While this latter aim is subordinate to the need for locally relevant data for policy and programme formulation, there are great advantages to being able to compare patterns of sexual behaviour across a wide range of social, cultural and economic settings. Some of the most important insights into the determinants of sexual behaviour will stem from such a cross-cultural perspective.

By the same token, achieving cross-national comparability or comparability of successive surveys in the same country depends not only on the use of closely similar measurement procedures but also on reasonably uniform standards of sampling and of survey implementation.

4.4.3 Sampling

The first step is to define, with precision, the population to be sampled. If the study is to be conducted on the general population, careful thought needs to be given to the lower and upper age limits (e.g. 15-49 years, or 15-64 years), and to the geographical coverage that is desired (e.g. whole country, certain regions, urban areas only or a single city).

The second step is to decide what minimum sample size will provide the quality of results that are needed. This will depend mainly on the amount of disaggregation required in the results, together with a consideration of the cost and logistical implications of different sample sizes. For instance it may be considered vital for results to be generated for (a) married and unmarried men, (b) for married and unmarried women, both in rural and in urban areas (i.e. a total of eight types or sub-groups). Even the simplest analysis of results will require a minimum of 50 respondents in each of these sub-groups. Thus a sample size and design is needed that will meet this analytic requirement.

As a general guideline, sample sizes of between 1000 and 3000 individuals can be recommended. Nationally representative surveys should usually be at the upper end of this range in order to allow regional disaggregation of results. Surveys with a narrower geographical coverage will be at the lower end of the range. In many instances, it may also be prudent to first of all conduct a study in urban areas before attempting a national survey; with certain exceptions HIV transmission is highest in urban areas, and it is also in urban areas that the greatest range of behaviours will be found. The experience gained in the urban survey can then be built on to assist in the design of a national one.

As a general principle, surveys on sexual behaviour should use samples in which the probability of selection of any individual in the study population is known and can be controlled for (i.e. probability sample). This sample approach will provide both the scientific basis required for generalization of findings to the

study population as a whole, and a procedure for calculating the precision of estimates. The design of the sample should always be carefully documented so that comparable surveys can be mounted in the near future in order to monitor changes in practices in the same populations.

Non-probability samples, where the selection of individuals into the sample is left, partly or wholely, to the convenience or judgement of interviewers, can of course yield sound results but there is no way of establishing how representative of a larger population these results are. Non-probability samples are particularly ill-suited as baselines for monitoring change and should only be considered when there is no feasible alternative. Non-probability (i.e. purposive) sampling of communities or areas, based on some characteristic of special interest or because they are thought to be typical, is better suited to exploratory research or to research with an explanatory objective. If the major aim of a survey is to yield descriptive data, a purposive sample is a poor substitute for a true probability sample; the generalization of results to any wider population will always be problematic.

In most countries complete lists of the entire population do not usually exist. Probability samples of the general population therefore require the development of a special sampling frame. This is normally achieved by three-stage cluster sampling designs: (a) a random or systematic (i.e. random start and fixed interval) selection of area units (or clusters); (b) a random, or systematic, sampling of households or dwellings within each selected area; (c) all (or a sample of) individuals within selected households.

Many variations are possible within this overall sampling strategy. The following guidelines will apply in most situations: (a) the size of clusters should be made as small as possible to minimize the cost and difficulties of sampling households within clusters; (b) cluster boundaries must be clearly identifiable from maps; (c) there should be a minimum of 20 clusters for each geographical stratum (e.g. region or city) for which separate results are required; (d) the number of individuals sampled in each cluster (the cluster take) should not exceed 50; (e) despite the dangers of "contamination", it is preferable to interview all eligible individuals within each selected household or dwelling (except in areas where there tend to be very large households or compounds), because of the added complexity of yet another sampling stage and because it provides the advantage of being able to compare responses of both husband and wife.

The construction of a national, regional or even single city sample frame in this manner is time-consuming and expensive and requires considerable expertise. In many countries, it can be avoided by using sampling frames that are already in existence. For example, there may be a master multipurpose frame developed by the Government statistical office for household surveys. Alternatively, there may have been a recent household survey whose sample frame can be borrowed and re-used. These two relatively similar possibilities should always be carefully considered before going to any other alternative.

If, for whatever reason, there is no sampling frame available which meets the needs of the survey, the subsequent research strategy will depend on what time and money are available. Where these permit, a sample frame should be developed that conforms fully to scientific standards (i.e. selection of properly demarcated areas, listing of all individuals, households or dwellings within each selected area, selection of individuals from these lists).

Where budget or time constraints are severe, there are a variety of methods that eliminate the need for a complete listing within each selected area. The selection of dwellings from a randomly chosen starting point, or random walk procedures, are the best known short-cut methods of preserving the essence of probability sampling at low cost. However, these methods make considerable demands on the commitment and skill of field staff.

In deciding what is the optimal sampling strategy for a study it is always wise to consult expert opinion; this can be found among local academic statisticians, statisticians working in the National Statistical Office, or from WHO experts.

4.4.4 Preparation and Pretesting of Questionnaire

The first step in the preparation of a questionnaire for a particular study is a thorough discussion of the "models", both with people who have a specialized knowledge of the subject matter and with those who ultimately will make use of the information.

The prototype model questionnaire (see Appendices 1 and 2) in this survey has been designed to cover the major issues of common interest and concern.

Once the content of a questionnaire has been decided, it may be necessary to translate it from the national language to the language(s) spoken by the study population(s). Though translation costs time and money it helps to ensure that the precise meanings of questions are conveyed to each respondent. On-the-spot translation by interviewers opens the possibility of shifts in meaning, or emphasis being given to certain questions, all of which may influence the answers in unknown ways. This danger is particularly acute in the case of surveys on sexual behaviour because of the sensitive nature of the issues covered.

Translation into local languages is best done by staff who are experienced in communicating with ordinary people. An informal or vernacular style is preferable to a classical or formal style; the latter may not be understood easily by less well-educated people. Initial translations should be independently back-translated to the national language and compared to the original in order to identify any differences in wording that might have arisen. If there are differences these should be resolved quickly through discussion with local researchers and key informants.

The questionnaire should then be pretested on selected members of the study population. The major purpose of this exercise is to check that: (a) questions are comprehensible and answerable; (b) layout and skip-instructions are clear and

adequate; (c) answer codes are comprehensive and mutually exclusive. The pretest also offers a final opportunity to amend the contents of the questionnaire to take account of comments or reactions from respondents.

Wherever possible a small group of experienced fieldworkers should be used for pretesting. If none is available, staff will need to be specially recruited and trained. It should usually be feasible to retain them to act as field supervisors for the main fieldwork which should follow relatively soon after pretesting. Staff who conduct the pretest should be carefully alerted to its purpose and be encouraged to be critical. It may also be useful to tell respondents that the interview is a trial one and to elicit their help in identifying difficulties in and possible improvements to the questionnaire.

Respondents should be selected so as to be representative of the study population and of main sub-groups (e.g. urban *and* rural, educated *and* uneducated, men *and* women, old *and* young, married *and* unmarried). Major linguistic groups should be covered to the extent possible. There is no fixed rule about the total number of people to be interviewed but a figure in the range of fifty to one hundred will usually suffice.

It is a good idea for senior staff to remain in close contact with interviewers during the pretest so as to enable a quick feedback of problems and the testing of alternatives. Informal verbal debriefing should be supplemented by a written report containing comments on the appropriateness of each question, on translation, on sequencing of questions, and on practical aspects of gaining the cooperation of respondents and of ensuring privacy.

Once the questionnaire is finalized, the interviewers' notes (manual) should be amended and sufficient copies produced to provide one for each interviewer and supervisor. Printing of the questionnaire should allow at least 20% excess over the expected sample size to allow for wastage. In multi-language surveys particular care will be needed in forecasting the numbers required in each language.

4.4.5 Auxiliary community level measurement

For large surveys covering rural as well as urban populations, careful consideration should be given to the collection of additional background information about each of the sampled communities or clusters. Items of obvious relevance to the individual information on sexual behaviour include: dominant religion; types of recreational facilities available, including bars and dance halls; whether condoms are available for sale; exposure to recent health education campaigns; the local presence of any AIDS sufferers. This information can be gathered by a mixture of observation and interviewing of key informants. The data can later be added to the individual data files for analysis purposes. A minimum list of community characteristics is contained in Section 11 of the model questionnaire.

Such community level data collection is much more easily performed in rural than in urban areas. In the latter, natural community boundaries are often more difficult to define and the range of facilities is wider, thus complicating description and measurement.

4.4.6 Recruitment, Training and Organization of Interviews

Questionnaire data should always be collected by specially trained interviewers working under the supervision of the principal investigator(s). The qualities required of interviewers include: a reasonable education (e.g. secondary school matriculation or higher); fluency in the language(s) spoken by the study population; availability for the duration of fieldwork; willingness to travel and stay away from home; and a mature and presentable appearance and personality. Prior experience in survey work is always an asset.

Recruitment of interviewers and other members of the research team will depend on local circumstances and fieldwork arrangements. Sometimes it will be possible to use people already in employment, such as school teachers, university students, social workers or public health nurses. On other occasions, it may be necessary to advertise and screen applicants. Particularly in the case of surveys with a wide geographic coverage, the mode of recruitment and selection criteria will reflect the type of fieldwork arrangements likely to be required. When interviewers are expected to be mobile and live away from home for an extended period, recruitment can be centralized. However, where interviewers work largely from their own homes, recruitment must be decentralized. In many countries, the only feasible way of generating a widely scattered set of interviewers who can operate close to their own homes is to recruit such people as teachers, nurses or other types of government staff, who are available throughout the country. Care should be taken, however, not to include people who, because of their status in a given community, are likely to influence the responses given by interviewees.

The number of interviewers needed depends on the sample size, the time available for fieldwork and type of fieldwork organization. In general, it is preferable to have a modest number of interviewers and extend the fieldwork duration, than to attempt to finish the survey in a very short time with a large number of staff. Having a small field-force facilitates sound training and supervision, both of which are essential for the consistent collection of reliable data. It is always prudent to recruit slightly more interviewers than needed to allow for drop-out during training or afterwards.

The importance of matching the sex of interviewers with that of respondents depends on the cultural setting. In most some cultures, it will be advisable to avoid the interviewing of women by men and vice versa; selection of interviewers should always take this factor into account. Matching the sex of interviewers may be particularly important if optional modules on condom use and safe sex practices are to be used.

Despite the brevity of the model questionnaire, an interviewer training course of at least 5 days is strongly recommended. At least two days should be devoted to field practice. The number of participants should be kept relatively small and manageable, e.g. less than 50, and may necessitate the convening of more than one course, perhaps on a regional basis. Such regional courses may be particularly valuable if interviews are to be done in different languages.

The training course should cover the following topics:

a. explanation of the purpose and meaning of each question using the interviewers' handbook;
b. rules of good interviewing technique;
c. procedures for respondent identification, including the handling of non-response;
d. logistics and liaison with supervisors;
e. role of the supervisor; and
f. responsibility for any other tasks such as coding (where appropriate) and regular reporting to the supervisor of any problems.

The course should include practice interviewing, first among pairs of trainees and then among members of the study population. This should be followed by a debriefing and a quick check of completed questionnaires to ensure that proper recording procedures have been understood and followed.

There are two main ways of organizing fieldwork. One involves the creation and deployment of small mobile teams, each with a supervisor. A second method, in contrast, consists of interviewers working singly from home and reporting periodically to a central office or supervisor. The mobile team approach is best suited to fieldwork in less developed rural areas and has the great benefit of permitting constant supervision. The individual working alone from a home base approach is less expensive because it minimizes subsistence costs, but it implies that interviewers are working in a familiar locality and cannot move very far.

Whichever type of organization is chosen, plans should be made for a system of checks by supervisory staff on the quality of fieldwork. This is necessary to detect and deter incomplete or incorrect work. The system may include editing of completed questionnaires, listening to random interviews, partial re-interviews by supervisors, and occasional taping of responses. Checking procedures should be particularly intense during the initial days of fieldwork.

In addition to checks on the quality of work, supervisors are usually responsible for logistical support (e.g. arranging accommodation for interviewers working away from home, ensuring adequate supplies of questionnaires and regular collection of completed questionnaires), for liaison with local officials and community leaders, and for problem-solving including persuading uncooperative individuals to participate in the survey. A ratio of one supervisor to five or six interviewers will usually suffice.

The participating institutions will ensure that interviewers are properly trained in data-collection techniques, the need for confidentiality, and the importance of protecting the rights of persons interviewed. Interviewers will be periodically monitored by their supervisors while in the field and will sign completed data-collection forms to indicate authenticity. Supervisors will be responsible for reviewing all documents, noting inconsistencies and omissions, correcting deficiencies with their interviewers, and submit them for review, coding, storage and analysis.

4.4.7 Data Processing and Analysis

To the extent possible, data processing and analysis should be done by the local institution/group using locally available computer hardware, software and staff. Technical assistance and software may, where necessary, be provided by WHO Regional Collaborating Centres or consultants recruited for this purpose. Regional workshops may also be organized to introduce researchers to data analysis systems and use of particular software. The processing and analysis of sexual behaviour will follow the usual sequence, that is: manual checking of questionnaires (preferably by supervisors in the field); coding of open-ended items; entry into a computer-readable medium; computer editing; construction of derived variables; addition of weighting factors to the file where necessary; and the production of tables.

Editing manuals and tabulation guidelines will be provided by the WHO/GPA. The main report of the survey should be based on the tabulations derived using these guidelines.

4.5 Design and conduct of intensive methods of investigation

As noted earlier, complementary research methods in addition to the sample surveys are highly desirable for three main reasons: (a) to act as a check on survey findings; (b) to provide information on the social and cultural context in which survey findings should be interpreted; (c) to give insights into the social and cultural determinants of sexual behaviour which are beyond the grasp of surveys. Such contextual factors include:

- propensity to initiate and engage in sexual relations;
- propensity to refuse or withhold sexual favour;
- choice of marriage partner, of divorce and remarriage;
- modes of conjugal decision-making;
- dominance/equality in male/female sexual relationships;
- norms and values about pre/extramarital sexual relations;
- jointness/segregation in unions;
- rights and perceived duties of gender roles;
- expectations in sexual unions (security, sexual pleasure, fertility);
- social networks and information exchange;
- perception of change/conflict in sexual behaviour;
- "normal" and "abnormal" sexual acts;
- jealousy norms, guilt norms;
- circumstances or experiences which increase the likelihood of "risk behav-

iour" (alcohol use, drug use, rituals, carnivals).

What precise techniques are used is heavily dependent on local expertise. Guidelines for in-depth studies have been prepared, however, and can serve as a basis for this phase of the work. Among the many methods to be considered are focussed group discussions, intensive and/or unstructured individual interviews, ethnographic interviews, interviews with key individual informants, and observation.

5. ETHICAL ISSUES

5.1 Informed Consent

PERSONS IDENTIFIED AS potential participants should be invited to respond to questions in private. After describing the study in greater detail, the interviewer should describe the purposes of the study and procedures to be used to collect information and ask the potential participant if he/she has any questions. The interviewer should then ask the potential participant whether he/she consents to participate. Unless a formalized form of consent is required by the local authority, verbal consent will usually suffice. Participants should feel free to discontinue the interview at any moment, but interviewers should seek to keep them interested and involved to the end of the interview.

5.2 Confidentiality

Every effort should be made to ensure that the interview will take place in private and that the information revealed by respondents will not be shared by anyone from the local community or research team unless their responsibility in the team entitles them to such a right. Items identifying individuals should be coded in such a manner that no one accidentally coming across a filled interview schedule will be able to identify the respondent. The National AIDS Programme Coordinating Committee in each country will see to it that the data can be collected without compromising respondents in any way. To ensure this, once an interview is considered as completed, all information linking it to the individual respondent should be taken away from the individual file and kept separetely.

6. DISSEMINATION OF FINDINGS

FOR EACH PARTICIPATING country, a preliminary report of key findings should be prepared. This should then be followed by a national report which will include a description of the social and cultural background of the study population, the demographic situation, the epidemiology of AIDS, the study design and methodology, the empirical findings, and the implications of the results for the AIDS education programme and national health policy. These descriptive reports should be completed as soon as feasible.

Although the country reports will address policy and programme intervention issues, there will be a demand for materials designed specifically for policy-makers and programme managers. Preparation of policy briefs that relate findings to the concerns of decision-makers and national AIDS programmes will be given priority.

At a second stage, a more comprehensive volume based on the comparative analysis of all data gathered on the project in different countries will be prepared. This will be based in part on the preliminary country reports but will also include additional data produced by further analysis to be undertaken centrally or collaboratively.

The findings of the survey will also provide the basis for a number of articles to be submitted to scientific journals, some dealing with a single country and others with several or all participating countries. These journal publicatons will be authored by local researchers and where appropriate, by GPA.

Because of the urgent need for the information that will come from this research, national, regional and international workshops will be organized for the purpose of disseminating findings to applied health scientists, policy-makers, and health planners. These workshops will highlight the problems and issues addressed in the research and will consider the various ways of implementing findings to improve national AIDS control and prevention programmes and identify priority areas for further research.

7. TIMETABLE OF ACTIVITIES

THE PREPARATORY PHASE of the project (pretesting and finalization of model questionnaire; preparation of interviewer instructions, data processing guidelines and tabulation plan, production of guidelines for intensive methods of research) will be completed by the end of 1988. Planning of national studies will start at different times during the year according to country readiness, and the main implementation phase will commence in November 1988.

The duration of each country study will vary according to scope (e.g. sample size) and complexity (e.g. additional themes introduced into national research projects) but preliminary key results should be available within nine months of starting these studies.

8. DIVISION OF RESPONSIBILITIES

Overall direction for this project will be provided by the Global Programme on AIDS (GPA) of the World Health Organization (WHO). In collaboration with WHO regional offices, collaborating centres, and participating institutions, the GPA will be responsible for the development and pretesting of model instruments, including instructions on training, supervision of fieldwork, and analysis of data. Upon invitation from National AIDS Coordinating Committees, WHO staff and consultants will assist with the implementation and analysis of research at particular sites.

The collaborating centres, working through WHO regional offices, will also provide technical assistance to participating centres by offering to adapt basic materials to particular social, geographic and cultural conditions. Collaborating centres will also help in training and setting up supervision mechanisms for field staff; in collecting and editing research data, in analysing the data, and in preparing final reports.

Participating centres will be directly responsible for selecting field staff, providing a training site, employing interviewers and their supervisors, transporting staff to and from the field, and directing operations. In collaboration with the National AIDS Programme Coordinating Committee, they will also ensure that research procedures are implemented as designed. Local researchers will cooperate with WHO/GPA as full partners in the research process and will be responsible for the production of a report on the findings, which will be submitted to the National AIDS Programme Coordinating Committee for approval.

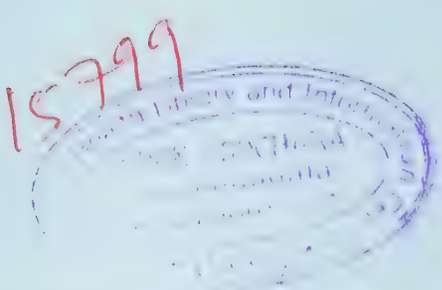
The National AIDS Programme Coordinating Committee, working with the participating centre, the WHO regional office and GPA, will issue the final report. Comparative data sets will be made available to GPA which will then describe their regional and global implications for the prevention of HIV transmission and the control of AIDS.

ANNEX 1: Background Data

(National or regional levels)

FACTORS	INDICATORS
urban population	urban/rural population
	national growth rate
	urban growth rate
rural migration	urban, male/female ratio
	urban unmarried, male/female ratio
	non-resident population
Mobility, nuptiality and sexuality	
age at marriage	mean age at first marriage
polygamy	men/women in polygymous unions vs all unions
	number of spouses in polygamous unions
adults never married	percentage unmarried, age group 40-44 years
celibacy	percentage of celibacy by age group/sex
types of unions	proportion of currently married women by type of first union
divorce/separation, remarriage	proportion of individuals ever divorced, ever widowed and ever remarried, by age group and sex
exposure outside marriage	percentage of all births in the previous year contributed by single women
post partum sexual abstinence	actual duration of period of sexual taboo
temporary spousal separation	percentage of women separated from their spouse during various periods
age difference between spouses	age at marriage according to spouses, by marriage
infertility, natural and pathological	proportion of childless married women by age group 30+, proportion of women with at least ten years of exposure with 0,1,2 children
household composition	mean size of household, gender of the head of the household

PART III: Interviewers' Manual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Preface to Survey Organisers

This manual for interviewers working on Partner Relations Surveys has been prepared by WHO/GPA/SBR as a companion document to the model questionnaires for male and female respondents.

The text will require appreciable modification in the light of local circumstances and particular survey designs. Its purpose is to act as the point of departure for the preparation of a country-specific interviewers' manual.

It is recommended that a first draft of the manual be prepared for use in pre-test training and fieldwork. The final version should take into account any modifications to fieldwork procedures or questionnaires that are made as the result of the pre-test and should also consider unanticipated problems, or unexpected types of answer, that arise in the pre-test. The most valuable part of the manual is the question by question commentary (Sections 4 and 5), and instructions should be made as detailed and specific as possible.

1. DUTIES OF INTERVIEWERS

YOU HAVE BEEN selected to take part in an important research endeavour launched by the World Health Organisation and many countries, including your own. The aim is to collect information which will assist the Ministry of Health and other organisations to check the spread of the disease called the Acquired Immunodeficiency Syndrome (or AIDS) and other sexually transmitted diseases (STDS). To achieve this objective, we need to gather information on people's sexual habits and attitudes, using carefully designed questionnaires. The value of the survey depends on the honesty and accuracy of answers that people give. And, in turn, the willingness of individuals to answer honestly and accurately will depend largely on your own abilities and skills. Unless you perform your job as interviewer to the best of your abilities and in strict accordance with instructions, the entire exercise will be a waste of time and money.

It is obviously impractical to ask all adults in the country about their sexual habits and attitudes. Instead we have to select a sample—that is a carefully chosen section of the population—and interview this sample. In order to obtain an accurate picture of the sexual behaviour of the entire population by means of a small sample, this sample has to be representative of the entire population. To obtain a representative sample, certain areas, or clusters, have been chosen by random (or chance) methods. Within each chosen area, certain units (addresses, dwellings, households) have been selected, also on random principles. Individuals in these selected units constitute the chosen sample and it is important that only those units selected (addresses, dwellings, households) be included in the study.

The questions that you will have to ask individuals in selected units have been very carefully designed to give the information needed by the Ministry of Health and other organisations. They have already been tried out in this country to ensure that people are willing to answer, and that they understand the questions. Every single question has a particular reason for being included, and it is important that you obtain an answer for each and every one.

Your main duties are as follows:

a. locate each selected unit (address, dwelling, household) that your supervisor assigns to you, using pre-prepared maps where necessary;
b. introduce yourself, explain the purpose of the survey to the person or people living at the selected unit;
c. complete a household list or schedule for each household that has been selected;
d. decide which individuals on the household list are eligible for the main interview;
e. after obtaining informed consent, interview all eligible persons of the same sex as yourself, using the individual questionnaire; wherever possible, this should be done immediately after you have completed the household list;

f. if you are accompanied by another interviewer of the opposite sex, the remaining eligible persons should also be interviewed straightaway; otherwise arrange a time when they can be interviewed;

g. check that each completed schedule and questionnaire has been correctly filled-in;

h. copy the household summary information (from the bottom of the household schedule) and the characteristics of the community (which your supervisor will usually provide) into section 11 of each individual questionnaire;

i. hand over to your supervisor all completed schedules and questionnaires, together with any other relevant records, and inform him/her of any problems you have encountered.

2. Conducting Interviews

To become a good interviewer demands intelligence, patience and an interest in people. It also requires thorough training and practice. In this section, the main features of successful interviewing are described.

2.1 Introducing yourself to the household

The success of an interview depends largely on your initial introduction to the selected household. You need to be friendly and put the respondent at ease. In many cases, household members will already have heard about the survey from local leaders or through the radio. Nevertheless, you should always introduce yourself, mention the organisation for which you are working and explain the purpose of your visit in such words as "we are conducting a survey about family life and are interviewing people throughout the country. I would like to ask you a few questions". You should always carry an identity card or letter with you, to show if necessary. Be positive in your manner rather than apologetic. If you appear hesitant or embarrassed, the respondent will be less likely to co-operate. You will find that most people are happy to be interviewed by someone who is positive and friendly.

2.2 Establishing rapport

The household schedule and the initial set of questions in the individual questionnaire are fairly straightforward. You should use this opportunity to establish a good relationship with the respondent. Continue to be polite and friendly. Listen carefully to answers and do not interrupt irrelevant or rambling answers in an abrupt way. Instead, steer him or her back to the original question in a tactful manner. Show an interest in what the respondent has to say (but never reveal approval, disapproval, or surprise). The best atmosphere for an interview is one in which the respondent sees the interviewer as friendly and sympathetic and as someone to whom anything can be said without shyness or embarrassment.

2.3 Privacy and Confidentiality

The completion of the household schedule need not be done in privacy. Indeed, it may be an advantage for several members of the household to be present, particularly in establishing the age of each individual.

On the other hand, the individual interview should always be conducted in privacy (ie so that no-one can hear the questions and answers except for you and the selected respondent). This is not always easy to achieve. Some people are just curious to listen. Some husbands may feel that they have a right to hear what their wife is being asked. Similarly, parents may wish to be present when you are interviewing one of their children. You will need tact and ingenuity to convince certain people that the interview is personal and confidential and therefore has to be conducted in private. But you should be firm and insist on privacy before you start an individual interview. Occasionally, you may have to reschedule another visit or ask your supervisor to intervene.

2.4 Asking the questions

Reading out questions for the questionnaire may sound too simple to require any explanation. But it is important to remember that the respondent's answer will depend on what he or she hears from you. So, make sure that each question is read out in a clearly audible way. Use the same standard wording with all respondents. Otherwise you cannot be sure that different individuals get the same message or interpret the questions in a similar manner. Encourage your respondents to indicate if they have not properly heard or understood a question. Be prepared and willing to repeat your questions if you feel they have been misunderstood. But make sure that in repeating a question you do not change or rephrase it in a way that may influence the responses you get.

On some occasions you may have to deal with respondents who speak a local dialect of the national language that you are not quite fluent in. On other occasions you may be facing individuals who belong to a completely different linguistic group and who are unable to communicate in the official (national) language in which the questionnaire is prepared. Report all such cases to your supervisor. Let her/him decide whether another interviewer will have to replace you or whether you will have to work through a local interpreter.

2.5 Probing and neutrality

You will find that some answers are incomplete, ambiguous or irrelevant. To obtain full answers, supplementary questions may have to be posed. This is called probing and is one of the most challenging aspects of interviewing. Probes should always encourage the respondent to say more, but should not influence the answer in any particular direction. The following examples are good neutral probes:

- How do you mean?
- In what way?
- Could you explain that a little?
- What other methods do you know?
- There is no hurry. Take a moment to think about it first.
- Was it more than ten times, or less than ten?

One of the most common types of error made by interviewers is use of leading probes, which reveal to the respondent the answer that is expected or desired. Most people are polite and tend to give answers that they think you want to hear. Hence any departure from neutrality by you can have a large influence on answers. Examples of such leading probes are:

- I suppose you mean that...
- You don't believe..., do you?
- You have only been married once, haven't you?
- Was it about ten times?

Also bear in mind that your tone of voice or facial expression can also influence answers. Try not to show your own feelings. Never indicate approval, disapproval or surprise at the answers.

2.6 Overcoming embarrassment

Some of the questions in the individual interview are personal and, may embarrass some respondents. To overcome embarrassment and reluctance to answer, it will be helpful to remind the respondent of the confidentiality of answers, and that thousands of other adults all over the country are being asked the same questions. Express your understanding of his/her feelings but stress that the information is important and request co-operation.

Of course, you cannot force people to give answers and if your efforts fail, you should enter 'REFUSED' on the questionnaire and pass to the next question. At the end of the interview, return to the problematic question or questions and try again. Sometimes respondents become more relaxed as the interview proceeds and eventually may be willing to answer questions that they initially refused.

2.7 Inconsistent answers

As the interview progresses, try to retain in your mind the most important answers that the respondent has given. In this way, you will be able to tell when a factual answer is given that contradicts an earlier answer. In a polite manner, point out the inconsistency to the respondent and probe further to discover which answer is correct. Make the necessary changes on the questionnaire and proceed with the interview.

2.8 Answering queries from the respondent

During the course of the interview, the respondent may ask you for your advice or opinion. Despite the temptation, do not give any advice or information during the interview, because this may influence subsequent answers. Once the interview has ended, however, you may give the advice or information that the respondent requested.

2.9 Speed of interviewing

You should ask questions slowly and spend time on probing where necessary to ensure that you have a complete answer. At the same time, you should try to maintain a reasonable pace. Minimize distractions on to other subjects and, without being rude, steer respondents back to the items on the questionnaire. If the interview becomes excessively long, respondents may become bored and there is always the danger of interruption.

2.10 Recording answers

Answers to questions are recorded in three main ways: by circling a code number opposite one of the printed answers; by entering a number in a box; or by entering the complete answer that the respondent gives.

An example of the first type is question 203, on highest level of school attended. You circle codes 1, 2 , 3 or 4, according to the answer. Note that you should not read out the possible answers unless there is an instruction to this effect printed on the questionnaire. In the case of question 203, there is an 'other/specify' for difficult answers that you cannot classify. If you encounter a problem of this type circle code 5 and enter the answer on the dotted line.

Most questions do not allow for an 'other specify' answer. However, there may be rare cases where the answer given by the respondent does not appear to fit into any of the printed answers. If further probing does not solve the problem, write in the complete answer and discuss it later with your supervisor.

The second way of recording is to enter numerical answers in boxes. You should take care to record the answer in one specified unit. For instance, if the respondent answers question 211 "How long have you lived in this village/town/city?" by saying 18 months, you must convert this answer to years—in this case one completed year—and record it as 01. If the answer is to be recorded in two boxes, always use both boxes with a zero when appropriate as in the example just given.

The third way of recording answers—entering the complete answer or verbatim recording—is more difficult. One of the skills that you will develop during training is the ability to keep listening to the respondent while recording his or her answer.

In making a verbatim record of responses you have to keep in mind the following points:

a. The open-ended questions requiring verbatim recording are designed to elicit as much information as possible. So your recording of respondent's responses should also be as complete and faithful as possible. In most cases you are instructed to probe further in order to tease out all the information that a respondent has. This means that we are interested in getting more than one answer from each respondent and you should make a verbatim recording of all answers given either in response to the main question or as a result of further probing.

b. These open-ended answers will have to be coded some time after they have been recorded. Regardless of whether the coding is done by you or by someone else, your verbatim records should be sufficiently clear and legible to make such coding easy and reliable. You will be given further instructions about this matter during your training.

c. Usually you should record the answers in the spoken language and use the same words that the respondent speaks. If, however, you are unable to write in the spoken language of the interview, you will have to translate before entering the answers.

A final point about recording answers. Always use a ball point pen, and record directly onto the questionnaire. You should not record the answers on one questionnaire and then copy them onto another questionnaire.

2.11 Use of Filters

Some questions are not really questions but instructions to help you decide whether to continue with the next question or skip ahead. This decision depends on some earlier answer. If you cannot remember for certain what answer was given to the relevant earlier question, you must turn back and look it up. Then simply enter a tick in the appropriate box and follow the instructions. Questions that are skipped should be left blank.

2.12 Checking completed questionnaires

Wherever possible, you should quickly check the questionnaire at the end of the interview before leaving the household. Check that:

- no answers are missing
- filters have been correctly followed
- verbatim answers are legible

If answers have to be deleted and changed either at this stage or during the course of the interview, cross out the incorrect answer with two horizontal lines and enter the correct answer

- e.g. ~~14~~ 17

3. FIELDWORK

IN THE RESEARCH team, you will be in direct contact with the supervisor who will decide on your daily activities and provide you with the necessary addresses, maps, interview forms, etc. You must report back to your supervisor if you face problems, and also ask for advice on points that may require clarification. Your supervisor will carefully check your daily work and may ask you to tape record an interview or to return to a household in order to interview someone that you have missed completely or interviewed partially. Thesupervisor will decide which selected households you should visit and with whom you should work. She/he will act as an intermediary between you and the area director of the project or the principal investigator responsible for the project.

During the first days of the survey, your supervisor is expected to listen to some interviews and make sure that you are following the instructions. Later on, she/he is required to revisit some of the households/respondents that you have interviewed. The purpose of these visits is to verify that you have not made any mistakes in identifying eligible respondents. Such checking by supervisors is part and parcel of all surveys and one of the many ways in which social scientists try to ensure the quality of the data collected through surveys. So do not take these checks as a sign of mistrust or of criticism of your work.

Your supervisor will have general information on such practical matters as travel, accommodation, and climatic conditions for each selected area. You have to make sure that she/he passes on this information to you before going in to the field. If, for example, you are expected to make your own arrangements for travel, food and accommodation in some area, you should be told this in advance. The supervisor is also responsible for establishing the necessary contact with local authorities and community leaders and for ensuring your safety and health. You should make sure to inform him/her of any problem that you may think will interfere with your work.

Before you start work each day, make sure that you have the following with you:

a. Identification card and letter of introduction.
b. A clip board or heavy piece of cardboard to write on.
c. A briefcase (or similar) for carrying the questionnaire.
d. Ball-point pens, pencils, erasers, etc.
e. Sufficient quantities of the questionnaire and any other forms (eg daily record sheet) that you may be expected to fill out.
f. Addresses of selected households/dwellings to be visited (filled on your Daily Record Sheet) along with any maps, or sketches to help you locate the addresses.
g. Any other material/supplies that may have been decided on by your supervisor/team leader.

Remember that the addresses you visit must only be those assigned to you. Never substitute another address for the one assigned to you. If the selected address or dwelling contains more than one household, all households should be interviewed. If the selected unit is a household (rather than an address or dwelling) and you find that the members of the selected household have moved away and been replaced by a new household, interview the new household. Do not attempt to trace the current address of the household that has moved away. Further details concerning the definition of household are given in Section 4 of this manual.

Sometimes you will find no-one at home at the selected dwelling when you call. Enquire from neighbours and, on the basis of this information, plan another visit at a time of day when it is most likely that household members will be at home. At least three separate visits must be made before giving up the attempt to contact the household.

Of course, if the selected dwelling is permanently vacant or you learn that household members will be away for the whole duration of fieldwork in that area, there is no purpose in making a re-visit. Details for recording these outcomes are given in Section 4.

At the end of each working day you must give a brief account of your day's achievements to your supervisor: all the addresses you visited, all the households you identified, and all the interviews you conducted during the day. You must also hand over to your supervisor all the interview schedules and other forms that you have completed (including those relating to selected households or individuals who could not be interviewed) But you should retain with you the schedules and questionnaires for those eligible households and individuals whom you have not yet attempted to interview or for whom you have still to make additional callbacks. It is essential that you check and make sure that the identification information of the questionnaire has been correctly recorded. When submitting your daily work to the supervisor you should also show him/her a Daily Record Sheet properly filled in so that he/she can complete a summary record of the work done in the area.

4. DETAILED NOTES ON HOUSEHOLD SCHEDULE

Identification

THIS PAGE SHOULD be completed before the household interview starts. Enter the name of the area of cluster in 001 and the identification numbers in 002 and 003.

The result of each visit, together with the date and your name, should be recorded as soon as the visit is over.

Result codes

a. Completed: straightforward

b. No-one at home: the address/dwelling is occupied, but at the time of your visit no adult member of the household is at home; a re-visit should be planned.

c. Household away: the address/dwelling is occupied but you find out from neighbours that the family is away and will not return until after the fieldwork has ended in this area; no re-visit is necessary.

d. Dwelling vacant or not a household: you find the correct dwelling or structure but it is now totally vacant or it is not a domestic residence (eg it is a shop where no-one lives); no re-visit is necessary.

e. Dwelling not found: you cannot locate the dwelling/household that you have been assigned to interview; inform your supervisor who will decide what to do.

f. Refused: you spoke to an adult member of the selected dwelling/household but he/she refused to co-operate: inform your supervisor telling him/her of the apparent reasons for the refusal.

g. Postponed: you spoke to an adult member of the selected household/dwelling but you decided to postpone the household interview for some reason; an appointment for a re-visit should be made.

h. Other (specify): record here any unusual outcome of a visit

Household schedule

The task of completing the household schedule is simple, provided that you understand what is meant by *household* and how it differs from *family.* A household is a group of people (typically but not necessarily related) who usually sleep in the same dwelling and usually share the same cooking and eating arrangements. One dwelling may contain several different households who have their own separate cooking/eating arrangements. If the entire dwelling (or address) has been selected, you should complete a household schedule for every household in that dwelling.

Less commonly, a single household may be spread across several different dwellings or huts, which may be surrounded by a fence or wall. If these people

share common cooking and eating arrangements, they constitute a single household, even though they sleep in separate dwellings.

A household differs from a family because it is defined in terms of co-residence and not in terms of kinship. Thus a household member need not be related to other members of the household. Servants, lodgers and friends are examples. Furthermore a son or daughter of the head of the household who has moved out and spends most of his or her time living elsewhere is no longer a household member though he/she remains a member of the family.

The respondent for the schedule must be an adult and must be a usual member of the household. If feasible, you should attempt to interview the head of the household or his/her spouse.

Column 1: Name

Enter the initial or first name of each household member aged ten or more, starting with the head of the household. Then check for any visitors aged 10 or more who slept last night in the household. Add any such persons to the list. If there are more than ten people to be listed use a continuation sheet and staple it into the questionnaire.

If you find that a person has been incorrectly entered (ie he/she turns out to be aged less than ten, or *not* to be a usual member nor a visitor last night), delete the entry with a horizontal line and change the line numbers in the left hand column.

Column 2: Sex

If you are sure of the answer, simply enter M or F.

Column 3: Age

This may be the only difficult question in the household schedule because people may not know their ages. Remember that age should be recorded in completed years (ie age at last birthday). The following probes or lines of questioning may prove useful.

a. If there is some major historical event (eg independence, war) that may be recalled and not confused with other similar events, ask the respondent how old the person was at the time of that event and then calculate current age by addition.
b. Consult other members of the household who may have a clearer idea of ages.
c. For people who are parents, ask for the approximate age of the oldest child and how old the parent was its time of birth; then calculate current age by addition.
d. Ask whether there is any family document (eg copy of the bible or Koran) where dates of birth are recorded.
e. Ask how many years older/younger a person is, compared to some other household member whose age has already been estimated.

f. In the case of a younger woman, ask how many years ago she reached puberty; puberty usually occurs between the ages of 12 and 14 and the answer therefore can be estimated by addition.

By one or by a combination of these approaches, you *must* estimate an age for each for each listed person.

Columns 4 and 5: Residence

It may occasionally be difficult to decide whether an individual is a household member or not. For instance, the husband may work away from home in the nearest city but return every weekend. If in doubt, record the person as a usual member.

If you discover that the correct answer to columns 4 *and* 5 is 'no', the person should be deleted from the list.

Column 6: Eligibility

Enter a tick for each person aged 15 to 49 who slept in the household last night. It does not matter whether or not the person is a usual member. Leave this column blank for ineligible individuals.

005: Household Summary

This summary should be completed before you hand the completed schedule (and questionnaires) to your supervisor.

5. DETAILED NOTES ON INDIVIDUAL QUESTIONNARE

Section 1: Identification

This short section involves no interviewing. It simply records the identification of the individual respondent and the results of attempts to interview him/her.

The identification consists of these parts: the area or cluster number; the household or dwelling number; and the line number. The line number corresponds to the number of the row in the household schedule in which the respondent is listed. These should be entered before the interview starts.

In 105, you should enter the results of each attempt to interview the respondent, as soon as the visit is over.

Remember that Section 1 must be completed for all eligible respondents, *whether or not* they are successfully interviewed. For cases where no interview is possible, the rest of the questionnaire will remain blank.

Section 2: Individual Characteristics

In this section, you collect background information about the respondent. Most of the questions are fairly straightforward and you should try to establish a good relationship at this stage, before the more intimate topics in the later sections are canvassed.

201: Age

If the individual respondent was also the informant for the household schedule, you may copy the age recorded earlier. In all other cases, this question should be asked, using the types of probe described earlier. You *must* obtain an estimate.

202: Sex

Straightforward.

203: Education

Note that the highest level of schooling *completed* should be recorded. Formal schooling of 5 to 7 years duration is usually regarded as primary school. Secondary school should be entered if respondent has completed at least 9 years of schooling. University, teachers's training college, technical college and all similar educational institutions that require a secondary education (10 to 12 years of schooling) for entry count as 'higher' (Code 4). Part-time further education (e.g. evening classes) or short courses of a few months (e.g. a three month typing course) generally do *not* count. *"Other, specify"* may include schooling in such non-formal institutions as traditional, old, or Kuranic schools or institutes of higher education for training religious leaders in Islamic countries which usually fall outside the national or modern system of education.

204: Literacy

We want the respondent's own opinion of his/her reading ability. Speed of reading does not matter. If he/she can read and understand a letter or newspaper, the answer is 'easily' (Code 3). However, if he/she can understand only some words, the answer is "with difficulty" (Code 2).

205/206/207: Media Exposure

These questions are straightforward. Remember that ownership of a radio or TV does not matter. The respondent may listen or watch a radio/TV belonging to someone else.

208: Religion

If the respondent was brought up in a religion but says he/she no longer believes in that or any other religion, the answer is 'no religion'.

209: Religiosity

If the respondent finds it difficult to answer, simply repeat the question slowly.

210: Ethnicity

Instructions will vary according to the country.

211: Current residence

For some respondents this will be a difficult question and will require probing. For instance, if the respondent says 'since marriage', you will need to find out how many years ago he/she married. If the respondent says "since childhood", probe to find out the age when he/she moved to this locality, and then subtract this age from current age in Q 201.

212: Mobility

This question contains several different elements and should be asked slowly and repeated if necessary. Help the respondent to fix the 12-month period in his/her mind by naming the relevant calendar month. For instance, if the month is now September, you have to find out whether he/she has been on any trip since September of last year. The reason for a trip does not matter, but trips of less than one week do not count. If the initial answer is 'no', always use the probe.

213: Amount of time away from home

Occasionally, you will encounter respondents who have moved into this locality within the last year. In these cases, find out if he/she went on any trips away from his/her *usual* home in the last 12 months. If the respondent is a frequent traveller, the best way to calculate the answer may be to find out the number of trips and then multiply by the typical or average duration e.g. 6 trips x average of 2 weeks each = 12 weeks.

214: Type of place visited

The respondent may have visited several different places on trips lasting at least one week. Probe to find out the type of place where most of the time away from home was spent.

215: Usual occupation

First enter the answer in the respondent's own words and then code one of the printed answers. Remember that you need to find out the *usual* occupation. If the respondent is temporarily not working (perhaps because of illness or loss of a job or for some other reason) but intends to resume work in the future, ask about his/her most recent work. If a respondent does several different types of work, record the work which is done most of the time.

Farmer, works in agriculture, etc: Straightforward

Soldiers, policemen, gendarmes: these refer to members of armed forces regardless of rank and of being a conscript or a regular member.

Manual workers: This category includes unskilled non-agricultural labourers as well as skilled manual workers such as electricians, mechanics, unqualified engineers, plumbers, carpenters, painters, welders.

Sales and service workers: Sales workers include hawkers, people who sell food by the roadside, people working in markets, shops or stalls—i.e. anyone who is engaged in selling things.

Service workers provide some type of service for which they receive pay directly from a customer or from an employer. Examples include:

Clerical: Clerical workers are typically non-manual workers in an office, such as typists, bank clerks, untrained accountants or cashiers, government or local authority workers.

Professional, managerial, administrative: the main *professions* are—teachers, doctors, nurses, qualified engineers and surveyors, lawyers and qualified accountants; *managers* are people who control the work of at least several other people; they may be self-employed businessmen with their own work-force or they may be employees (eg manager of a large shop or petrol station); *administrators* are senior clerical workers, typically with a good education and considerable responsibility in their job.

216: Current employment

In this question, you have to find out their *current* type of employment by reading out the various possible answers. If the respondent has more than one type of employment, record the employment which occupies most time.

Regularly employed full time in a job: individuals who work for someone or some organization in a regular job for at least 30 hours a week should go in this category; usually such persons receive a weekly or monthly wage in cash.

Seasonally employed or employed on a day-to-day basis: these individuals do not

have a semi-permanent or regular job; either they seek work on a daily basis, changing from one employer to another, depending on the availability of work; or they are employed in certain seasons only (eg during harvesting) and spend the rest of the year working on their own land, or doing casual work.

Self-employed: these individuals do not receive a wage or salary from anyone else but receive payment in cash or kind by growing produce, selling produce or by performing services; a self-employed person may work alone or may employ workers. Examples include farmers working their own or rented land, and many types of traders, shop-keepers, and crafts persons.

Unemployed or looking for work: these individuals want employment and are available for employment, but currently have no job.

Home-maker with some other part-time work outside the home: these individuals are typically housewives who have some other part-time work outside the home or the family farm: part-time work is defined as less than 30 hours per week. Examples include women who sell things for a few hours each week or work as domestic servants on a part-time basis.

Home-maker with no other work outside: these individuals are typically women who have no employment outside their homes or family farms.

Students: full time students belong in this category even if they have occasional or part-time employment; part-time students should be classified according to their employment.

Retired or disabled: straightforward.

Other—specify: in difficult cases, record the situation in detail.

Section 3: Marriage and Childbearing

This section concerns marriage and/or regular partnerships, characteristics of the current spouse or partner (if any) and childbearing.

Before asking Q 301, it is very important to read out slowly the introduction and ensure that the respondent understands what is meant by 'regular partner'. As you can see from the questionnaire, a regular partnership is defined as a sexual relationship that lasted for at least one year, or an ongoing partnership which is expected to last for at least one year. A regular partnership implies regular sexual intercourse but it does not necessarily involve marriage or even living together in the same dwelling. For instance an unmarried woman may have sex with a boyfriend at weekends but not live in the same house. If this arrangement lasted for one year or more, it counts as a regular partnership. For the purposes of the interview, a regular partnership is treated similarly to a marriage.

301: Ever married or had partner

When you are sure that the respondent has grasped the meaning of 'regular partner', you find out whether he/she has ever been married or had a regular sexual partner.

302: Ever had sexual intercourse

Respondents who have never had a spouse or regular partner will skip most of Section 3. Before this, however, we need to know whether they have ever had sexual intercourse with someone of the opposite sex. Sexual intercourse means vaginal, oral or anal penetration by the penis. Other forms of sexual activity do not count. If the answer to this question is 'no,' the interviewer skips straight to Section 9.

303: Total marriages or partners

For some respondents, this may be a difficult question. Give them time to think.

304: Age at first marriage/partnership

You must obtain an estimate. Possible probes include "were you still at school," "how long after puberty," or "how many years ago."

305: Current status

Currently married: Marriage means different things in different cultures. It may involve a legal arrangement, a religious ceremony or customary celebration. It may also be an informal union in which a man and woman live together and regard themselves as married, but without legal, religious or customary formalities. If the respondent regards him or herself as currently married, accept this self-definition.

Current partnership: this category is for respondents who regard themselves as unmarried but have a regular partner.

Widowed: this category is for those who were formerly married or in a regular partnership, but the partner died. Such widows or widowers who have acquired a new regular partner since the death of the earlier spouse/partner belong in category 2. This also applies to divorced and separated persons.

Divorced: the word divorce implies the existence of a former marriage.

Separated: two types of respondent belong here: those who were previously married, whose marriage has broken up but who have not terminated the marriage in a formal or legal manner; and those who were never married but formerly had a regular partner.

306: Age of current spouse/partner

You must obtain an estimate. The most obvious probe is "how many years older or younger than you is he/she?". If the respondent says he/she has more than one spouse/partner, ask about the main partner. The same comment applies to Q307.

307: Education of current spouse/partner

See notes for Q203.

308: Number of co-wives or female partners

For respondents who have a current spouse or partner, we need to know whether the man currently has any other wife/partner, and, if so, how many. Stress the phrase 'regular partner.' Casual sexual relationships do not count. If a female respondent is not sure, use Code 7.

309: Residence of co-wives/female partners

This question is only applicable in societies where polygyny is socially accepted. If co-wives live in separate but adjacent dwellings or huts (whether or not these dwellings are surrounded by a fence or wall) they should be classified as living in the same compound.

310: (Women) 314, (Men) Number of co-husbands or male partners

Here we need to find out whether the woman has any other husband/male partner and, if so, how many. For some respondents, this question may be surprising, embarrassing or shocking. Remember the various techniques that you have been taught for overcoming embarrassment.

310/311-314: Residence of current spouse/partner

For respondents with more than one current spouse/partner, explain that you are going to ask a few questions about the main spouse/partner, that is the person seen most frequently. For respondents with only one partner, this introduction is not necessary.

311 (Women), 310 (Men) co-habitation of respondent and spouse/partner

If the couple stay together in the same dwelling on the majority of nights, the answer is 'yes.' But if they stay together only at weekends or for less than half the time, the answer is 'no'. For instance, the man may live away from home in a hostel or room during the normal working week, and only come home to his wife/partner on holidays. Even in these cases where there is no other wife or female partner, the couples do not usually live together and the correct answer is 'no.'

312: (Women), 311 (Men) Frequency with which non-cohabiting couple see each other

We need to know the *usual* frequency of seeing each other (which is not necessarily the same as last month)

313: (Women), 312 (Men) Place of Residence of Spouse/partner

Straightforward.

314: (Women), 313: (Men): Duration of current marriage/partnership

If the marriage/partnership started less than one year ago, enter the answer in months. If it started more than one year ago, enter the answer in completed years and ignore the months. For instance, an answer of 18 months should be recorded as '01 years'.

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You may have to probe to obtain an answer. Possible probes include "how old were you when the marriage/partnership started." If the respondent has only had one marriage/partnership (see Q303), the answer may be calculated by subtracting age of first marriage/partnership (see Q304) from current age (see Q201).

We need to find out when the couple started a regular sexual relationship, which may not be the same as the start of marriage. For instance if the respondent says that he/she had a regular sexual relationship for 2 years and then married the same person five years ago, the correct answer is 2 + 5 = 7.

315: Childbearing

Include any child born to (fathered by) the current partner, past partners or casual partners. Also include any child born alive, even if that child died within a few hours or days. Adopted children, or step-children should *not* be counted. This comment also applies to Q316 and Q317.

316: (Women), 318: (Men) Date of last birth

We need to know the date of the most recent birth, whether or not the child is still alive. Probe for month by asking season, and for calendar year by asking the current age of the child or how long ago he/she was born.

316: (Men), 317: (Women) Number of living sons/daughters

Straightforward.

317: (Men only) Filter

319: (Men only) Identity of mother or last child

If the mother of child is one of several wives/regular partners, the answer is 'yes.'

318: (Women), 320: (Men) Abstinence during last pregnancy

Abstinence means the stopping of penetrative sexual intercourse at some stage of the pregnancy, and no resumption until after the birth of the child. Record the answer in months or weeks, but not both. Same comment applies to Q319.

319: (Women), 321: (Men) Abstinence after childbirth

If the answer is given in years, convert it to months. (eg 2 years = 24 months)

320: (Women only) Current pregnancy

Straightforward.

321: (Women), 322: (Men) Customs concerning sex during menstruation

Straightforward.

322: (Women), 323 (Men) Whether respondent has sex during menstruation

If the respondent says 'sometimes' or 'it depends' the answer is 'yes'.

Section 4: Contraception

This short section starts by ascertaining the respondent's knowledge and use of each major method of contraception. The second half focuses more narrowly on condoms.

401(a) Spontaneous knowledge of methods

Read out the question, wait for the initial answer and then probe by saying "what other methods have you heard of?. If the respondent mentions a method which is not on the list (perhaps some folk or traditional method) enter a description in 9 (other) and circle Code 1. Note that abortion does not count as a method to avoid or delay pregnancy.

401(b) Prompted knowledge of methods

Start this question by telling the respondent that there are some other methods that he/she has not mentioned and that you are going to read out each of these other methods and ask whether he/she has heard of the method. Then read out the name of each method in turn and, for each, ask whether he/she has heard of it. Even if the respondent does not know how to use the method, the answer is 'yes' if he/she has heard of it.

402 Use at any time

For each method the respondent has heard of, ask Q402. Even if the method was used a long time ago or for a short duration only, the answer is 'yes'. For each method ever used, ask Q403 on current use, unless you are interviewing a woman who has just told you that she is pregnant (Q320). In this case, just code 'no' without asking the question. For respondents who are currently married or have a regular partner, current use should refer to use with a wife or partner. For respondents with irregular partners only, the question refers to most recent sex. Was the method used on these most recent occasions?

1. *Pill*

   There are two main types of oral pill; those that are taken for 21 days in each cycle and those that are taken for 28 days.

2. *IUD*

   The two most common types of IUD are Lippes Loop and the copper-T. The device is inserted by a doctor or specially trained nurse-midwife into the uterus.

3. *Injection*

   The injection is usually given in the thigh by a doctor or nurse and stops pregnancy for 3 or for 6 months. A common brand of injection is depo-provera.

4. *Diaphragm, foam or jelly*

   A number of methods are grouped in this category. Knowledge of use of any one of them counts as a positive answer. The diaphragm is a rubber device that is placed inside the vagina before sex. It is later taken out and re-used. There are also various types of tablets, jellies and creams that a woman can place in the vagina before sex.

5. *Periodic abstinence*

   The principle of this type of method is to avoid sex for several days around the time of ovulation when a woman is most likely to conceive. The time of ovulation can be calculated by counting the days since menstruation (calendar method), by taking body temperature each day or by observing the nature and consistency of vaginal secretions (Billings). Periodic abstinence should not be confused with prolonged total abstinence from sex.

6. *Condom*

   A rubber device that the man wears on his penis during intercourse.

7. *Withdrawal*

   The man pulls his penis out of the vagina before ejaculation.

8. *Sterilization*

   Female sterilization is known under a number of names, including the 'operation', tubal-ligation or tubes tied. Male sterilization is usually referred to as a vasectomy. Women may also be sterilized for medical rather than for family planning reasons. The most common operation involves removal of the womb (hysterectomy). You should include such medical sterilizations as 'yes'.

9. *Other*

   Any traditional method known by the respondent.

404 Filter

405 Knowledge of source of condoms

The respondent may tell you that he/she would never want to obtain or use condoms. Nevertheless, we need an answer to the question.

You may have to probe in order to code the answer. For instance, if the respondent says 'from the town', you must ask whether he/she would go to a general shop or store or to a chemist/pharmacy. We need to find out where the respondent would be most likely to get condoms if he/she wanted some. This is not necessarily the nearest place.

406 Travelling time to source of condoms

Find out the travelling time by the normal means of transport from the respondent's home to the source. If, however, the respondent reports that he/she would obtain condoms from a source nearby his/her place of work, the travelling time from work to the source should be recorded.

407–416 Opinions on condoms

In this set of questions, we find out the respondent's opinion of condoms by reading out statements and, for each by enquiring about the agreement or disagreement of the respondent. Some respondents may have initial difficulty in understanding what is required of them. You may have to explain in your own words that these statements reflect the opinion of some people and that you wish to find out whether the respondent agrees or not.

Section 5: First Relations

The next four sections deal with personal matters of sexual behaviour and sexually transmitted diseases. It is therefore essential that the questions be asked in total privacy. If this proves impossible, you should arrange another time to complete the interview; but do this only when it is absolutely necessary.

Start this section with the reminder, printed on the questionnaire, that the information is confidential and that accuracy is important.

500 Sexual orientation

This question is to be inserted in those countries where same sex relationships are thought to be important for the spread of the HIV epidemic and/or when it is estimated by the principal investigator(s) that it is relevant for your community. When this question is inserted, it has several implications for the wording of many questions.

501 Age at first intercourse

You may need to probe by helping the respondent to recall the circumstances and identity of the person involved eg where were you living at that time? Were you still at school/college?

Note that the answer cannot be greater than age at first marriage/partnership (see Q304).

502 Length of prior acquaintance with first sexual partner

If the person had been known from early childhood (perhaps they grew up in the same village or were cousins), you may code 96 months to indicate that the answer is 8 or more years.

503 Filter

504 Identity of first sexual partner

If (a) the respondent's first experience of sexual intercourse was with the spouse after marriage; or (b) the respondent later married that same person; or (c) the respondent formed his/her first regular partnership (ie sexual relations for 12 months or more) with the person, the answer is 'wife/partner' (code 1). In all other cases the answer is 'someone else' (code 2).

505 Total number of pre-marital partners

The respondent may hesitate to answer because of memory problems or shyness. Probe initially by asking "was it a few or more than that?". Depending on the response, follow up by asking eg "Would you say more than (x), or less than (x)?"

506 Total number of sexual partners (for respondents who have never married nor had a regular partner)

See comments for Q505.

507 Recency of last sexual intercourse (with any partner)

At this point, the interview switches rather abruptly from the more distant past to the very recent past. The introductory message to this question therefore is particularly important and should be stressed.

Probe to overcome hesitation in the following way: "Was it in the last week or longer ago?" IF IN THE LAST WEEK: "Was it today, yesterday, day before yesterday ...?" IF NOT IN LAST WEEK: "Was it in the last four weeks?" etc.

If sexual intercourse occurred in the last week, always probe and record the answer in days. Code 00 for today, 01 for yesterday etc. If intercourse occurred within the last month, probe and record the answer in days or in weeks but not both.

Record the answer in completed units. For instance, an answer of '2 to 3 weeks ago' should be recorded as 02 weeks, and an answer of '4 to 5 months ago' should be recorded as 04 months.

Any answer of 12 (completed) months or more should be coded as completed years. The respondent is then skipped to Q901.

Section 6: Relations in the Last 12 Months

All the questions in this section concern sexual behaviour in the previous 12 months. Your first priority is to fix in the respondent's mind the correct period. If, for instance, you are interviewing in June, tell the respondent that you are going to ask him/her about things that happened since June of last year.

601 Filter

602 Whether spouse/partner has had casual sex (respondent's perception)

Casual sex means sex with a person who is not a regular partner. For instance, if a man has two wives, or one wife and a second regular partner, he should only be classified as having casual sex if the respondent (ie one of his wives or partners) believes that he has had sex with other women on a short term or casual basis. You may need to check the answer to Q308 if in doubt.

If the respondent says that he/she does not know or is unsure, probe by asking what he/she believes is most likely. If the respondent is still unsure, code 'do not know.'

603 Whether respondent has had casual sex

See comments for Q602 about distinction between casual sex and sex with a regular partner.

604 Number of casual partners

See comments for Q505 about probing for a numerical answer.

605 Whether respondent has had 'commercial' sex

Stress the words 'in return for sex'. The answer is 'yes' if the respondent had sex primarily because of the giving or receiving of money (or its equivalent in gifts or favours). The distinction between commercial and non-commercial sex is *primarily* a matter of motive. Presents, favours or money may be exchanged between two partners but, if this exchange is not the *prime* motive or reason for sex, the relationship is not one of commercial sex. Of course, the distinction is not always clear-cut, but respondents will usually have their own opinions and it is these opinions, or perceptions, that define the answer to this question.

606 Relative frequency of commercial sex

We need to find out whether casual sex in the last 12 months is always, sometimes or rarely motivated by money, or its equivalent. For instance, a female respondent may have a casual boyfriend with whom she has sex for a non-commercial reason (eg pleasure, relief of boredom etc). This same respondent may also have sex with men in return for money or its equivalent. In such a case, the correct answer is 'sometimes' or 'rarely'.

607 Filter

608 Use of condom for commercial sex

We need to find out whether condoms were used during acts of commercial sex and, if so, whether they were used always or sometimes.

Section 7: Relations in the Last Four Weeks

This section concerns sexual behaviour in the last four weeks, and, as for Section 6, your first priority is to ensure that the respondent understands that you are now only concerned with this short period of time.

701 Filter

702/3 Frequency of sex with partner

If the respondent has more then one regular partner, we need to find out the total frequency with both or all partners. Do not accept answers that refer to the usual experience. For instance, if the respondent says that he/she usually has sex twice a week (8 times in four weeks), probe to find out whether the frequency in the last four weeks was higher or lower than usual.

704 Filter

705 Condom use with partner

Straightforward.

706 Filter

707 Whether respondent has had casual sex

See comments on Q602 about distinction between casual sex and sex with a regular partner.

708 Number of casual partners

See comments on Q505 about probing to overcome shyness or reluctance to answer.

709 Frequency of sex with casual partners

We need to know the total frequency with all casual partners.

710 Whether casual partner is married

Depending on the answer to Q708, choose which version (singular or plural), is appropriate. If any casual partner is married (or thought by the respondent to be married) the answer is 'yes'.

711 Whether casual partner has other casual partners

If one or more of the casual partners is married, include the phrase in brackets. If none of the casual partners is married, omit this phrase.

This is the only question in Section 7 that is not restricted to the last four weeks. The respondent is unlikely to know for certain whether his/her casual partner has had casual sex with other people in the last four weeks. But many respondents will have a good idea about the usual or general sexual habits of their casual partner. We need to know what the respondent thinks. Does the casual partner (or any of the casual partners) probably engage in casual sex with other people or not?

712 Filter

713 Condom use with casual partners

Straightforward.

714 Provision of condoms

Straightforward.

715 Decision to use condoms

Use of condoms generally requires agreement by both partners, but we need to know who took the initiative in deciding to use them.

Section 8: Symptoms/Experience of STD

This section concerns symptoms of sexually transmitted diseases that the respondent may have experienced in the last 12 months.

801 Discharge from penis/vagina

Any unusual discharge should be included, whether or not the respondent believes that he/she knows the cause and whether or not the discharge was painful. An episode is defined as the continuous presence of the discharge for at least a few days, after which the symptoms stop, at least temporarily.

802 Sores on genital/anal area

Sores may take a variety of forms, ranging from painful, inflamed areas to minor abrasions which may cause only mild irritation. All types of sores should be counted. The possible causes of these sores does not matter.

803 Filter

804 Medical treatment

Medical treatment means that the respondent consulted a trained doctor, pharmacist or nurse who gave or prescribed drugs, ointments, pills, which the respondent used. It does not include traditional or folk remedies, or treatment prescribed by unqualified healers. If in doubt, enter the details and leave senior staff to decide whether the procedure/person should be classed as medical treatment.

805 Knowledge of prevention

We need to find out whether the respondent believes that there are ways in which he/she can avoid discharges and/or sores. It does not matter from where the knowledge comes (eg doctors, friends, books) or how effective the preventive methods are likely to be. Remember that we are interested in ways of preventing, not in ways of curing. For instance, an answer such as "get an injection from a doctor as soon as first symptoms appear" does not count because this is clearly a cure rather than a way to prevent. Conversely, the answer "washing every day" is a preventive measure and should be counted.

806 Preventive methods known

Probe fully by asking "What other ways do you know?" We are interested in *knowledge* of ways. It does not matter whether or not the respondent employs them. But do not count methods that the respondent may have heard of but does not believe in.

807 Whether partner has had symptoms (women only)

This question refers to regular and to casual partners in the last 12 months. If the respondent knows that any man with whom she has had sex in the last 12 months has experienced discharge or sores over this period, the answer is 'yes'.

807 Circumcision (men only)

Straightforward.

808 Age at circumcision

Probe to obtain the best possible estimate. If less than one year old, enter '00'.

Section 9: Attitudes

In this section, we try to find out the respondent's general attitude towards sexual behaviour by describing common or familiar situations and establishing whether he/she approves or disapproves. To some respondents, this approach may seem strange and they may not understand immediately what is required of them. Read out the introduction slowly, then read Q901 and finally say "I simply want you to say whether you approve or disapprove". You may then need to repeat Q901 slowly and probe further by asking "Would you approve or disapprove?". Ensure that the respondent understands before proceeding to the next question.

Some respondents may be reluctant to give a definite answer, saying "it depends" or "I am not sure". Try to obtain a definite answer by probing eg "In general, would you approve or disapprove?" or "How would you feel if someone you knew did this?". If the respondent is still unable or unwilling to state approval or disapproval, circle code '3'.

901–912 Sexual Scenarios

Straightforward.

Section 10: Knowledge of AIDS

1001

As respondent's answer to this question will determine whether the remaining questions of this section will be asked or not, you must probe and make sure that he/she has not indeed heard of AIDS before deciding that he/she is not aware of AIDS either as a concept or a disease or health problem.

1002 Personal familiarity with an AIDS case

Make it clear that you are enquiring about *personal familiarity* with some *specific individuals* in respondent's local community or country. Responses indicating hearsay or indirect knowledge of someone in another country should not be accepted except if the person referred to is a nationally known citizen (e.g. a film star, sportsman, politician) of respondent's country who has developed AIDS outside his/her country of origin.

1003 Asymptomatic Carrier Status

The aim of this question is to elucidate respondent's knowledge of the asymp-

tomatic carrier status. If the respondent has not mentioned virus in answer to Q207 and seems to be unfamiliar with this word explain it by words like a microbe, germ, etc. Your supervisor will tell you the most appropriate local equivalent that you may use.

1004-1012 Specific questions on routes of transmission

These questions make specific enquiries regarding various routes or means of getting infected with the AIDS virus. Read out each item and circle the appropriate answer: yes, no or do not know.

1013 Perceived Personal vulnerability

Note that this question is aimed at eliciting respondent's belief regarding his/her personal susceptibility to AIDS. Your supervisor will tell you about the most suitable local words for the term "likely".

1014–1017 Behaviour change and AIDS prevention

1014: Note that the emphasis is on avoiding AIDS through personal behav iour change.

1015: Straightforward. Skip to 1017 if answer is yes.

1016: Straightforward. If any difficulty in understanding "to intend" explain it by using terms such as "planning". Skip to 1111 if response is "no" or "do not know".

1017: This is an important question: record verbatim all responses given and probe by saying "any other changes"?

Section 11: Community Characteristics

Your supervisor will determine the correct answers to these questions for each area/cluster. You simply code the answers into each completed questionnaire. Remember also to transfer the household summary into 11.04.

Section 12: Sexual Practices (Women) [Optional]

This section concerns anal and oral sex. Apart from this potentially embarrassing subject matter, the questions follow the style of earlier sections and therefore need little further elaboration.

12.01 Ever practiced anal sex

Even if the respondent only had anal sex once a long time ago, the answer should be 'yes'.

12.02 Whether anal sex was with regular or casual partner

Recall the definitions of regular and casual partner described at the beginning of section 3.

12.03/12.04 Frequency in last 12 months and last 4 weeks

The answer should include anal sex with regular partner and with any casual partner(s).

12.05 Ever had oral sex

See comment on 12.01.

12.06 Filter

12.07–12.09 Details of oral sex

Same as 12.02–12.04

Section 12: Sexual Practices (Men) [Optional]

Section 12 for male respondents differs from the version for women by having questions on homosexuality and on use of condoms.

12.01 Perceived prevalence of male homosexuality

It does not matter whether or not the respondent knows such men as friends or acquaintances. If he has been told that they exist in his community or has some other reason for thinking this, the initial answer is 'yes'.

12.02 Ever had sex with a man

Sex means penetrative intercourse. It does not matter whether the respondent was the 'active' or 'passive' partner. See the comment on 12.01.

12.03–12.05 Details of homosexuality

See comments for 12.0–12.05 for woman's section.

2.06–12.10 Details of anal sex

Make clear to the respondent that these questions refer to anal sex with a woman. Otherwise they are the same as 12.01–12.05 for a female respondent.

12.11 Ever use of condom for anal sex

This question refers to any use of a condom for anal sex, at any period in the respondent's life. Stress the word *ever.*

12.12–12.13 Details of condom use for anal sex

See comments on 714–715.

12.14–1218 Details of oral sex

Section 13: Drug Use [Optional]

This section starts with questions on alcohol consumption, then considers use of other types of drug.

13.01 Usual frequency of alcohol consumption

This question refers to the usual drinking pattern, *not* frequency in the last month. Drinking alcohol may be at home, in a bar or club or at place of work. All these possible places count.

Frequency refers to the number of episodes or sessions of drinking, *not* to the number of drinks consumed. In most cases, there will be a maximum of one session per day. Thus a session may consist of a single drink lasting ten minutes or a prolonged bout of drinking lasting several hours.

13.02 Longest drinking episode in last month

Give the respondent time to recall the occasion when he/she drank most in the last month. This might be in a bar with no other activities but drinking, or in a dance-hall or at home or at a party in a friend's house. We need to know approximately how long was spent drinking. Obviously, there may be instances where this calculation is difficult. For instance, if the respondent spent an hour drinking, then did something else for a couple of hours before resuming, should the two-hour interruption be counted? In this instance, it should not be counted. Calculate the length of continuous or steady drinking. Include minor interruptions, but exclude longer interruptions of one hour or more.

Respondents who usually drink alcohol at least once or twice a week (coded 1–3 in 13.01) have not necessarily consumed any alcohol in the last four weeks. Use code 98 for any such individuals.

13.03 Sex in connection with longest drinking episode

We need to know whether the respondent had sex in the course of this episode of drinking or within an hour or so of stopping drinking. Sex may be with someone encountered in the place where the drinking took place or with a regular partner. For instance, if a respondent says that he/she spent several hours drinking and then went home and had sex with the spouse or regular partner, the answer is 'yes'.

13.04 Filter

13.05 Whether usually accompanied by regular partner

As in 13.01, the question relates to the *usual* situation, which is not necessarily the same as for the longest episode or the last month.

13.06 Association of alcohol with meeting people of opposite sex

Most respondents will understand this question clearly. The answer will depend partly on the type of place where he/she drinks, and partly on their motive for drinking.

13.07 Drug-taking in the last 12 months

You will be provided with a list of drugs of interest, together with their local names. Alcohol has already been covered so it should now be excluded. Nor are we interested in mild drugs that are commonly used such as caffeine (coffee) or nicotine (cigarettes). You should also exclude drugs that are prescribed or given by doctors for strictly medical purposes. This leaves a range of drugs, whose use is usually restricted or illegal, that are taken for pleasure.

13.08 Types of drug taken

Record each type of drug that has been taken in the last 12 months.

13.09 Mode of taking drugs

Listen to the answer, probe if necessary and then circle the appropriate code.

13.10 Number of injections in last 12 months

You may have to probe to assist the respondent eg "Would you say more than x times or less than x times?". It does not matter whether the respondent does the injection or someone else.

Section 14: Injection Practices [Optional]

In this section, you find out whether the respondent has had any type of injection in the last 12 months and, if so, how many. Details of the last six injections are then obtained.

14.01 Injection in last 12 months

Help the respondent to understand the period of time as you did for Section 6. If the initial answer is 'no', you must use the printed probes. Remember that any type of injection counts (including, for instance, injections for contraception that some women receive).

14.02 Number of injections in the last 12 months

Do not accept the initial answer. Use the probes printed in 14.01 to ensure that the respondent has remembered different types of injection. Sometimes people receive a course of several injections to cure or prevent an illness. Each separate injection should be counted.

14.03–14.04 Details of each of the six most recent injections

For each injection in the last 12 months, we need to know whether a qualified doctor prescribed or advised the respondent to have the injection, and what type of person actually administered the injection. You may have to probe to establish the type of person. If in doubt, enter details of the person in the space opposite the question. If the respondent gave him or herself the injection, enter 'self'.

If the respondent reports more than six injections, record details for the last six only.

If the respondent has had less than six injections, ask questions 1403-1404 with regard to these injections only.

Observations by the Interviewer

Although not part of the main interview schedule, this section is quite important for evaluating each interview completed by you. Try to fill out this section immediately after you have finished an interview. However, make sure that neither the respondent nor any other member of his/her household or community sees your evaluation. Be as objective as possible. Remember that the aim of this section *is not* to evaluate or criticize you but rather to have a better picture of the difficult circumstances under which you had to function. Your supervisor is expected to go through these evaluations with you and suggest ways in which some of these problems may be solved. By noting down your problems and sharing them with your supervisor and colleagues you will be in a much better position to learn from each other and improve your performance as you go along.

PART IV: Tabulation Plans

SECTION 1: The Start of Sexually Active Life

Several aspects of early sexual activity are explored in this section. It starts with a consideration of the timing of first sexual intercourse among the whole sample and among different subgroups. Such information is of obvious value in defining the onset of potential exposure to various types of risk, such as sexually transmitted diseases and unwanted conceptions. The identity of the first sexual associate is then described in terms of length of prior acquaintance and whether or not this person was, or later became, a spouse or regular partner. Both factors are relevant to the assessment of the degree of risk involved in early sexual activity. (The term sexual associate is used throughout to denote sexual intercourse with someone who is not a spouse or regular partner.) The section ends with information concerning the total number of sexual associates before formation of the first marriage or regular partnership.

It is possible that the extent and nature of "premarital" sex is linked to sexual behaviour after marriage. However, this topic is not analysed here.

1.1 Percent distribution of all respondents according to age at first intercourse, by current age.

Current age	Age at first intercourse												
	Never	<10	11	12	13	14	15	16	17	18	19	20+	Total
15													100%
16													100%
17													100%
18													100%
19													100%
20-24													100%
25-29													100%
30-34													100%
35-39													100%
40-44													100%
45-49													100%
All													100%

The design of this table assumes that first intercourse will usually occur before age 20. Hence up to this point, age is represented in single years to allow a detailed analysis of the timing of sexual initiation among teenagers. In settings where this assumption is invalid, the representation of age in single years should be extended to, say, age 24. Summary measures (e.g., quartiles or percentage having had intercourse by a specified age) can be derived by cumulation along rows. The problem of truncation at younger ages should be borne in mind, and any cumulation should stop before the lower boundary of the age group (or cohort). For instance, any cumulation for persons currently aged 18 should stop at age 17. Similarly, cumulation for the cohort aged 20-24 should stop at 19.

Cohort trends in age at first intercourse can be studied by comparison of the results for different age groups. Interpretation should be cautious because the reliability of reporting among older respondents may be low.

1.2 Median age at first intercourse, by current age and background a-e characteristics (restricted to respondents aged 20 years or more).

Background characteristics	Current age					
	15-19	20-24	25-29	30-39	40-49	All
1a	X					
1b	X					
1c	X					
1d	X					
2a	X					
2b	X					
2c	X					
2d	X					
All	X					

This table permits examination of group variations in age at first intercourse. These variations may reflect either differences in age at formation of first marriage (or regular partnership) and/or differences in freedom, opportunity and inclination to experience "premarital" sexual relations. Comparison with table 2.2 will assist interpretation.

The median (the age by which 50 per cent have experienced sexual intercourse) is preferred to the mean as the measure of central tendency because the median can be computed for cohorts among whom not every one has yet experienced intercourse. For the cohort aged 15-19, the median cannot be computed (unless over half of persons were sexually experienced before age 15) and therefore this cohort is omitted from the table.

Interpretation of differences should concentrate on the cohort aged 20-29 because reliability of information is likely than for the older cohorts.

1.3 Percent distribution of sexually experienced respondents according to length of time respondents had known their first sexual associate before occurrence of intercourse, by current age.

Current age	Never met before	<1 week	1-3 weeks	4-7 weeks	8+ weeks	Total	Mean	Median
15-19						100%		
20-24						100%		
25-29						100%		
30-39						100%		
40-49						100%		
All						100%		

This table shows the extent to which first intercourse takes place with a comparative stranger or, conversely, with someone who has been known for at least two months. Interpretation should also take account of table 1.4. It is recommended that the median length be computed in addition to the mean, because a few very high values may make the mean an unreliable measure of central tendency.

1.4 Percentage of sexually experienced respondents whose first sexual associate was, or later became, their first spouse/partner, by current age and age at first intercourse.

Age at first intercourse	Current age					
	15-19	20-24	25-29	30-39	40-49	All
<15						
15-17						
18-19						
20+						
All						

The proportion of respondents who first experienced sexual intercourse with a person who already was, or later became, a spouse or regular partner is examined. Comparison across cohorts (age groups) will reveal trends, though interpretation should be cautious because of the possibility of recall problems among older respondents. Furthermore, comparison of the youngest cohort (15-19) with other age groups should be undertaken within categories defined by age at first intercourse. This is necessary because the youngest cohort may contain substantial numbers of respondents who have not yet experienced intercourse (and therefore are omitted from this table). Insofar as those who first experience sexual intercourse at a young age are less likely to marry or form a regular partnership with their first sexual associate, the estimate in this table for the cohort 15-19 is downwardly biased. The control of age at first intercourse removes this bias and permits valid comparison across cohorts.

1.5 Percent distribution of "ever-married" respondents according to total number of sexual associates before first marriage/ partnership, by current age.

Current Age	Number of associates												
	0	1	2	3	4	5	6	7	8	9	10+	Total	Mean
15-19												100%	
20-24												100%	
25-29												100%	
30-39												100%	
40-49												100%	
All												100%	

A large number of sexual associates before the formation of the first marriage or partnership is a potential risk factor for sexually transmitted diseases and is thus of practical interest.

Note that respondents classified here as having no premarital associates are those who reported that their first associate was, or later became, their first spouse/regular partner. Once again, comparison of results across cohorts is complicated by selectivity. Many members of the younger cohorts may not yet have married or formed any partnership (and are therefore excluded from this table). If late age at first marriage/partnership is associated with a large number of "premarital" associates, the estimate in this table for younger cohorts is downwardly biased. The next table removes this bias by introduction of a control for age at first "marriage".

1.6 Mean number of sexual associates before first marriage/regular partnership, by current age and age at first marriage/partnership (restricted to "ever-married" respondents).

Age at first marriage/partnership	Current age					
	15-19	20-24	25-29	30-39	40-49	All
<15						
15-17						
18-19						
20-21						
22+						
All						

The table permits investigation of the relationship between age at first "marriage" and number of "premarital" associates and comparison of trends across cohorts controlling for age at first "marriage".

1.7 Percent distribution of "never-married" respondents according to total number or sexual associates, by current age.

Current Age	Number of associates												
	0	1	2	3	4	5	6	7	8	9	10+	Total	Mean
15												100%	
16												100%	
17												100%	
18												100%	
19												100%	
20-24												100%	
25-29												100%	
30-39												100%	
40-49												100%	
All												100%	

The final table in this section focuses attention on the total number of sexual associates among respondents who have not yet formed any marriage or regular partnership. Most of these will be young and therefore current age is represented by single year categories up to age 19 and thereafter by grouped categories. Note that respondents with no associates are those who have never experienced intercourse.

SECTION 2: Marriages and Regular Partnerships

This section concerns the formation and nature of marriages and regular partnerships. It starts with two tables on age at first marriage or partnership. Clearly, the timing of the first union is likely to be a major influence on early sexual behaviour. The next two tables describe the total number of marriages or partnerships that respondents have experienced which provides an indication of their stability. Several features of partnerships may have a direct bearing on risk behaviour among respondents who are currently married or have a regular partner. These include: whether or not individuals live together and, if not, how often they see each other; whether or not individuals have more than one regular partner; and whether there are children. These topics are explored briefly.

2.1 Percent distribution of all respondents according to age at formation of first marriage/partnership, by current age.

Current Age	Age at first marriage/partnership																	
	Never	<10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+	Total
15																		100%
16																		100%
17																		100%
18																		100%
19																		100%
20																		100%
21																		100%
22																		100%
23																		100%
24																		100%
25-29																		100%
30-34																		100%
35-39																		100%
40-44																		100%
45-49																		100%
All																		100%

The design of this table is similar to that of Table 1.1, except that the representation of age in single years extends to age 24, on the assumption that most respondents will enter their first marriage/partnership before age 25. Note that the category "never married" includes those who have not yet experienced intercourse.

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